

STATE OF LOUISIANA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION  
42 CFR  
440.200-.204

Medical and Remedial  
Care and Services  
Item 5

MAXIMUM MEDICAID PAYMENT RATES FOR  
LISTED PRACTITIONER PEDIATRIC SERVICES

CPT-4 CODE PROCEDURE

MAXIMUM PAYMENT  
RATE/NOTES

OFFICE MEDICAL SERVICES - NEW PATIENT

*Rates are 90% of those in effect prior to July 7, 1995*

99201	PROBLEM FOCUSED HISTORY & EXAMINATION; STRAIGHTFORWARD MEDICAL DECISION MAKING	\$19.80
99202	EXPANDED PROBLEM FOCUSED HISTORY & EXAM.; STRAIGHTFORWARD MEDICAL DECISION MAKING	\$27.00
99203	DETAILED HISTORY & EXAMINATION; MEDICAL DECISION MAKING - LOW COMPLEXITY	\$32.40
99204	COMPREHENSIVE HISTORY & EXAM.; MEDICAL DECISION MAKING - MODERATE COMPLEXITY	\$36.90
99205	COMPREHENSIVE HISTORY & EXAMINATION; MEDICAL DECISION MAKING - HIGH COMPLEXITY	\$45.00

OFFICE MEDICAL SERVICES - ESTABLISHED PATIENT

*Rates are 90% of those in effect prior to July 7, 1995*

99211	MINIMAL PROBLEM(S) PRESENTED	\$9.24
99212	PROBLEM FOCUSED HISTORY & EXAMINATION; STRAIGHTFORWARD MEDICAL DECISION MAKING	\$18.91
99213	EXPANDED PROBLEM FOCUSED HISTORY & EXAM.; MEDICAL DECISION MAKING - LOW COMPLEXITY	\$24.30
99214	DETAILED HISTORY & EXAMINATION; MEDICAL DECISION MAKING - MODERATE COMPLEXITY	\$28.80
99215	COMPREHENSIVE HISTORY & EXAMINATION; MEDICAL DECISION MAKING -HIGH COMPLEXITY	\$40.50

EMERGENCY DEPARTMENT SERVICES

*Rates are 90% of those in effect prior to July 7, 1995*

99281	PROBLEM FOCUSED HISTORY & EXAMINATION; STRAIGHTFORWARD MEDICAL DECISION MAKING	\$16.20
99282	EXPANDED PROBLEM FOCUSED HISTORY & EXAM; MEDICAL DECISION MAKING - LOW COMPLEXITY	\$19.80
99283	EXPANDED PROBLEM FOCUSED HISTORY & EXAM; MEDICAL DECISION MAKING - LOW TO MODERATE	\$26.10
99284	DETAILED HISTORY & EXAMINATION; MEDICAL DECISION MAKING - MODERATE COMPLEXITY	\$38.70
99285	COMPREHENSIVE HISTORY & EXAMINATION; MEDICAL DECISION MAKING - HIGH COMPLEXITY	\$49.50

A				
STATE	DATE	DATE	DATE	HCFA 179
LOUISIANA	05-28-97	05-28-97	07-01-97	97-08

TN# 97-08 Approval Date 05/28/97 Effective Date 07/01/97  
Supersedes  
TN# 96-16

STATE OF LOUISIANA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

<u>CITATION</u>	<u>Medical and Remedial Care and Services Item 5</u>	<u>MAXIMUM MEDICAID PAYMENT RATES FOR LISTED PRACTITIONER PEDIATRIC SERVICES</u>
42 CFR 440.200 440.204 OBRA 1993 P.L.103-66 Section 13631		

<u>CPT-4 CODE</u>	<u>PROCEDURE</u>	<u>MAXIMUM PAYMENT RATE/NOTES</u>
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IMMUNIZATION INJECTIONS\*\*

90701	ACTIVE; DIPHTHERIA AND TETANUS TOXOIDS AND PERTUSSIS VACCINE (DTP)	\$9.45
90702	DIPHTHERIA AND TETANUS TOXOIDS (DT)	\$ 9.45
90704*	MUMPS VIRUS VACCINE; LIVE	\$19.80
90705*	MEASLES VIRUS VACCINE; LIVE; ATTENUATED	\$19.80
90706*	RUBELLA VIRUS VACCINE; LIVE	\$19.80
90707	MEASLES, MUMPS, AND RUBELLA VIRUS VACCINE; LIVE	\$9.45
90708	MEASLES AND RUBELLA VIRUS VACCINE; LIVE	\$31.50
90709	RUBELLA AND MUMPS VIRUS VACCINE; LIVE	\$31.50
90712	POLIO VIRUS VACCINE; LIVE; ORAL (ANY TYPES)	\$9.45
90720	ACTIVE; DIPHTHERIA, TETANUS AND PERTUSSIS (DTP) AND HEMOPHILUS INFLUENZA B (HIB) VACCINE	\$9.45
90737	HEMOPHILUS INFLUENZA B	\$9.45

\*REIMBURSEMENT IS NOT MADE FOR ANY SINGLE-ANTIGEN VACCINE AND ITS ADMINISTRATION IN ANY CASE IN WHICH THE ADMINISTRATION OF A COMBINED-ANTIGEN VACCINE IS MEDICALLY APPROPRIATE AND THE COMBINED-ANTIGEN VACCINE IS APPROVED BY THE SECRETARY OF THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES.

\*\*REIMBURSEMENT FOR VACCINES IS MADE ONLY FOR RECIPIENTS NOT ELIGIBLE FOR THE VACCINES FOR CHILDREN (VFC) PROGRAM

STATE <u>Louisiana</u>	A
DATE REC'D <u>05-28-97</u>	
DATE <u>05-28-97</u>	
DATE EFF <u>07-01-97</u>	
HCFA 179 <u>97-08</u>	

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STATE OF LOUISIANA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

<u>CITATION</u>	<u>Medical and Remedial Care and Services</u>	<u>MAXIMUM MEDICAID PAYMENT RATES FOR LISTED PRACTITIONER PEDIATRIC SERVICES</u>
42 CFR 440.200 440.204	Item 5	
<u>CPT-4 CODE</u>	<u>PROCEDURE</u>	<u>MAXIMUM PAYMENT RATE/NOTES</u>
	PREVENTIVE MEDICINE - NEW PATIENT <i>Rates are 90% of those in effect prior to July 7, 1995</i>	
99384	INITIAL EVALUATION & MANAGEMENT; HEALTHY INDIVIDUAL; ADOLESCENT; AGES 12-17	\$ 45.00
99383	INITIAL EVALUATION & MANAGEMENT; HEALTHY INDIVIDUAL; LATE CHILDHOOD AGES 5-11	\$ 36.90
99382	INITIAL EVALUATION & MANAGEMENT; HEALTHY INDIVIDUAL; EARLY CHILDHOOD; AGES 1-4	\$ 36.90
99381	INITIAL EVALUATION & MANAGEMENT; HEALTHY INDIVIDUAL; INFANT UP TO (1) YEAR	\$ 36.90
9432	NEWBORN CARE IN OTHER THAN HOSPITAL	\$ 36.90
9001 and X9003	MEDICAL SCREENING (STATE ASSIGNED CODES) (Physician screens and Nurse screens)	\$ 51.00
	PREVENTIVE MEDICINE - ESTABLISHED PATIENT <i>Rates are 90% of those in effect prior to July 7, 1995</i>	
99394	PERIODIC RE-EVALUATION & MANAGEMENT; HEALTHY INDIVIDUAL; ADOLESCENT; AGES 12-17	\$ 40.50
99393	PERIODIC RE-EVALUATION & MANAGEMENT; LATE CHILDHOOD; AGES 5-11	\$ 28.80
99392	PERIODIC RE-EVALUATION & MANAGEMENT; HEALTHY INDIVIDUAL, EARLY CHILDHOOD AGES 1-4	\$ 28.80
99391	PERIODIC RE-EVALUATION & MANAGEMENT; HEALTHY INDIVIDUAL; INFANT UP TO 1 YEAR	\$ 28.80
99420	ADMINISTRATION & INTERPRETATION HEALTH RISK ASSESSMENT INSTRUMENT	\$ 72.90
94772	CIRCADIAN RESPIRATORY PATTERN RECORDING	\$169.20

STATE <u>Louisiana</u>	A
DATE REC'D <u>03-28-97</u>	
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TN# 97-08 Approval Date 05/28/97 Effective Date 07/01/97  
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TN# 96-16

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

ATTACHMENT 4.19-B  
ITEM 5. Page 11

STATE OF LOUISIANA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

<u>CITATION</u>	<u>Medical and Remedial Care and Services</u>	<u>MAXIMUM MEDICAID PAYMENT RATES FOR LISTED PRACTITIONER OBSTETRIC SERVICES</u>
42 CFR 440.200 440.204	Item 5	
<u>CPT-4 CODE</u>	<u>PROCEDURE</u>	<u>MAXIMUM PAYMENT RATE/NOTES</u>
	CESAREAN SECTION <i>Rates are 90% of those in effect prior to July 7, 1995</i>	
59515	C-SECTION, ONLY - INCLUDING POSTPARTUM CARE	\$ 990.00
59525	SUBTOTAL OR TOTAL HYSTERECTOMY AFTER C-SECTION	\$ 450.00

STATE <u>Louisiana</u>	A
DATE <u>05-28-97</u>	
DATE <u>05-28-97</u>	
DATE <u>07-01-97</u>	
HCFA 177 <u>97-08</u>	

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TN# 96-16

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

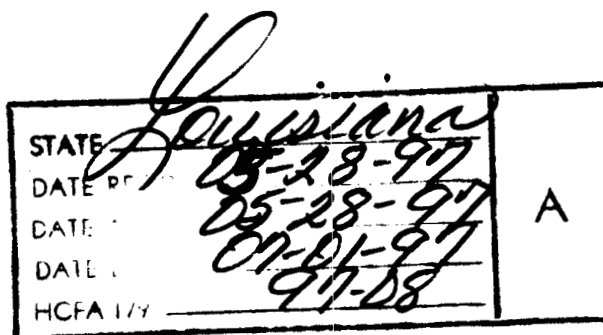
ATTACHMENT 4.19-B  
ITEM 5. Page 12

STATE OF LOUISIANA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

<u>CITATION</u>	Medical and Remedial	<u>MAXIMUM MEDICAID PAYMENT RATES FOR</u>
42 CFR	Care and Services	<u>LISTED PRACTITIONER OBSTETRIC SERVICES</u>
440.200	Item 5	
440.204		

<u>CPT-4</u> <u>CODE</u>	<u>PROCEDURE</u>	<u>MAXIMUM PAYMENT</u> <u>RATE/NOTES</u>
	ABORTION	
	<i>Rates are 90% of those in effect prior to July 7, 1995</i>	
59812	RX ABORTION, ANY TRIMESTER, SURGERY	\$360.00
59820	MISSED ABORT 1ST TRIMESTER, SURGERY	\$360.00
59830	TREATMENT OF SEPTIC ABORTION	\$322.20
	DIAGNOSTIC ULTRASOUND - PELVIS	
	<i>Rates are 85% of those in effect prior to July 7, 1995</i>	
5805	ECHOGRAPHY, PREGNANT UTERUS	\$ 97.09
76815	ECHO EXAM OF FETAL GROWTH	\$ 64.82
76816	ECHOGRAPHY, PREGNANT UTERUS; FOLLOW-UP	\$ 53.40
76818	FETAL BIOPHYSICAL PROFILE	\$ 75.00
76825	ECHOCARDIOGRAPHY, FETAL HEART	\$ 83.82



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STATE OF LOUISIANA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

<u>CITATION</u>	<u>Medical and Remedial Care and Services Item 5</u>	<u>MAXIMUM MEDICAID PAYMENT RATES FOR LISTED PRACTITIONER OBSTETRIC SERVICES</u>
42 CFR 440.200 440.204		
<u>CPT-4 CODE</u>	<u>PROCEDURE</u>	<u>MAXIMUM PAYMENT RATE/NOTES</u>
<u>MATERNAL CARE AND DELIVERY</u>		
<u>INCISION</u>		
<i>Rates are 90% of those in effect prior to July 7, 1995</i>		
59020	CST (CONTRACTION STRESS TEST) PERFORM & INTERPRET	\$ 56.70
59025	NST (NON-STRESS TEST) PERFORM & INTERPRET	\$ 48.60
59030	FETAL SCALP BLOOD SAMPLE	\$ 56.70
59050	INTERNAL FETAL MONITORING/CONSULTANT	\$ 58.50
<u>REPAIR</u>		
<i>Rates are 90% of those in effect prior to July 7, 1995</i>		
59300	EPISIOTOMY/VAGINAL REPAIR BY OTHER THAN ATTENDING PHYSICIAN	\$135.00
<u>DELIVERY</u>		
<i>Rates are 90% of those in effect prior to July 7, 1995</i>		
59400	TOTAL OBSTETRIC CARE; INCLUDES ANTE/POSTP.CARE	NOT PAID AS GLOBAL
59410	VAGINAL DELIVERY, INCLUDING POSTPARTUM CARE	\$774.00
59412	EXTERNAL CEPHALIC VERSION, W/WO TOCOLYSIS	\$202.50
59430	POSTPARTUM CARE ONLY	NOT PAID AS GLOBAL
Z9004	INITIAL OB CARE; NEW OR ESTABLISHED PATIENT	\$ 45.00
Z9005	PRENATAL OFFICE	\$ 24.30
Z9006	POSTPARTUM OFFICE VISIT	\$ 24.30

Louisiana has no contracts with Health Maintenance Organizations for the provision of physician services to Medicaid recipients.

STATE <u>Louisiana</u>	A
DATE REF <u>05-28-97</u>	
DATE A <u>05-28-97</u>	
DATE EFF <u>07-01-97</u>	
HCFA 179 <u>97-08</u>	

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Supersedes  
TN# 96-16

STATE PLAN UNDER TITLE XIX OF THE SOCIAL  
SECURITY ACT MEDICAL ASSISTANCE PROGRAM

Attachment 4.19-B  
Item 5.b.

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR  
SERVICE LISTED IN SECTION 1905(a) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER  
THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION Medical and Remedial Care and Services  
42 CFR Item 5.b.  
440.110

**Medical and Surgical Services furnished by a Dentist (in accordance with section  
1905(a)(5)(B) of the Act).**

I. Reimbursement Methodology

Dentists are reimbursed under the same methodology used to reimburse  
physician providers.

II. Standards for Payment

- A. Reimbursement is limited to dentists who are licensed by the State and  
who engage in the practice of their profession in accordance with all  
rules and regulations set forth by the Louisiana State Board of  
Dentistry. (La. R.S. 37.751 et seq)
- B. To be reimbursed for services, providers must have a valid provider  
enrollment form on file with the Bureau of Health Services Financing.

STATE	LOUISIANA
DATE REC'D	03-28-97
DATE APP'D	05-16-97
DATE EFF.	01-01-97
HCEA 179	97-09

TN# 97-09  
Supersedes  
TN# Attachment 4.19-B, Item 5, Page 8 (TN 90-03)  
Attachment 4.19-B, Item 10, Page 1 (89-39)  
Attachment 4.19-B, Item 10, Page 1 (85-3)

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STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -- OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION

42 CFR  
447.341

Medical and Remedial  
Care and Services  
Item 6.

Medical care and any other type of  
remedial care recognized under  
State law, furnished by licensed practitioner  
within the scope of their practice as defined by  
State law are reimbursed as follows:

Item 6a.

Podiatrists

I. Method of Payment

Podiatrists are reimbursed under the same methodology used to reimburse physician providers.

II. Standards for Payment

Reimbursement is limited to podiatrists who are licensed by the state and who engage in the practice of their profession in accordance with all rules and regulations set forth by the Louisiana State Board of Podiatrists. To be reimbursed for services, a provider must have on file with the Bureau of Health Services Financing a valid provider enrollment form.

Item 6b.

Optometrists

I. Methods of Payment

Optometrists are reimbursed for those procedures recognized as within the scope of optometric training by the Louisiana Board of Optometry in the same manner and to the same extent as physicians for the same service.

II. Standards for Payment

An optometrist must be licensed by the state in which he practices.

STATE	<u>LA</u>
DATE REC'D	<u>MAR 31 1989</u>
DATE APPR'D	<u>APR 27 1989</u>
DATE EFF	<u>JAN 1 1989</u>
NO. 1/9	<u>89-05</u>

TN# 89-05 Approval Date APR 27 1989 Effective Date JAN 1 1989  
Supersedes  
TN# 87-9



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE OF LOUISIANA

ATTACHMENT 4.19-B  
Item 6. Page 1a

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION Medical and Remedial Care and Services  
42 CFR Item 6.c.  
447.200- 205

Chiropractors

I. Method of Payment

- A. Chiropractors are reimbursed under the same methodology used to reimburse physicians.
- B. Reimbursement is made at the lower of:
  - 1. The provider's billed charge for the services or
  - 2. The maximum allowable fee for chiropractic services under the Bureau's provider reimbursement fee schedule.
- C. Annual expenditures for covered radiology codes may not exceed \$200.00 per state fiscal year per recipient for all chiropractors.

II. Standards for Payment

Reimbursement is provided to chiropractors who are licensed by the State to provide chiropractic care and services and who are enrolled in the Medicaid program as a provider.

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DATE APPROVED	3-17-98
DATE	10-21-97
HCFA 114	97-24

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TN# 95-51

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

ATTACHMENT 4.19-B  
Item 6, Page 2

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -- OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION

42 CFR Medical and Remedial Anesthetists  
447.201 Care and Services  
Item 6.d. (cont.) I. Reimbursement Methodology

A. Reimbursement for anesthesia services shall be provided to anesthesiologists and certified registered nurse anesthetists (CRNAs) (both independent and hospital based) who are licensed in the state in which they practice under the same methodology utilized for anesthesiologists. Payment for anesthesia services shall not be duplicated.

B. The following formula shall be used to calculate the reimbursement for anesthesia services for both anesthesiologists and certified registered nurse anesthetists: payment shall equal the base units plus the time units multiplied by the coefficient.

► The base unit is the relative value assigned to a CPT-4 procedure code.

► The time unit is the length of the anesthesia service in minutes. For anesthesiologists and CRNAs performing the service, minutes are divided by fifteen (15) to arrive at time units. For anesthesiologists directing the service, minutes are divided by thirty (30) to arrive at time units.

► The coefficient for anesthesiologists and nonmedically directed CRNAs is \$15.00. The coefficient for medically directed CRNAs is \$8.49.

STATE <u>Louisiana</u>	A
DATE REC'D <u>SEP 28 1990</u>	
DATE APP'D <u>APR 19 1991</u>	
DATE EFF <u>SEP 21 1990</u>	
FA 179 <u>90-22</u>	

TN# 90-22 Approval Date APR 19 1991 Effective Date SEP 21 1990  
Supersedes  
TN# 89-27